



STATE OF WASHINGTON  
APPLICATION FOR CHANGE/TRANSFER  
OF WATER RIGHT

For filing with the Department of Ecology or with County Conservancy Boards

JUN 22 09 09:17

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF  
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

DEPT. OF ECOLOGY  
FISCAL & BUDGET

(Check all that apply.)

- ☐ Change purpose(s) of use  
☐ Add purpose(s) of use  
☐ Change point(s) of diversion/withdrawal  
☐ Add point(s) of diversion/withdrawal  
☐ Change/transfer place of use  
☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

FOR OFFICE USE ONLY

CHANGE No. G3-29424P WRIA 32

DATE ACCEPTED 7/27/09 BY KAR

FEE \$ 50.00 REC'D 6/22/09

CHECK No. 101862

ECY Coding: 001-002-WR10285-000011

SEPA: ☒ Exempt ☐ Not exempt

Columbia County

RECEIVED

JUN 30 2009

\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\*

1. Applicant Information:

DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

APPLICANT/BUSINESS NAME <u>Dayton School Dist #2</u>	PHONE NO. <u>509-382-2543</u>	FAX NO. <u>509-382-2081</u>
ADDRESS <u>609 South 2nd</u>		
CITY <u>Dayton</u>	STATE <u>WA</u>	ZIP CODE <u>99328</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>John Hutchens Maint Super.</u>	PHONE NO. <u>509-382-2543</u>	FAX NO. <u>509-382-2081</u>
ADDRESS <u>609 South 2nd</u>		
CITY <u>Dayton, WA</u>	STATE <u>WA</u>	ZIP CODE <u>99328</u>

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>G3-29424P</u>	RECORDED NAME(S) <u>Dayton School Dist #2</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

FOR OFFICE USE ONLY

APP. NO. G3-29424P PERMIT NO. P CERT. NO. \_\_\_\_\_ CERT. OF CHANGE NO. \_\_\_\_\_

### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
		NE	SW					
		NE	SW					

#### B. Proposed

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
		NW	SE					

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment. *Don't Know*

### 4. Purpose of Use:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No Change			

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
No Change			

### 5. Place of Use:

#### A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
No Change							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

#### B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
No Change							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?  
☐ YES ☒ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): \_\_\_\_\_

6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE <u>6/1/09</u> END DATE <u>10/15/09</u>

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

John R. Whiteteno  
Dayton School Dist #2  
(Applicant)

Maint Super. 6/29/09  
6/18/09  
(Date)

Dayton School Dist #2  
(Water Right Holder)

6/18/09  
(Date)

(Land Owner(s) of Existing Place of Use)

/ /  
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

<b>WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):</b>	
<input type="checkbox"/> APPLICATION FEE NOT ENCLOSED	<input checked="" type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE
<input checked="" type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input checked="" type="checkbox"/> SECTION <u>3</u> IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: <u>KARyf</u>	DATE: <u>6/24/2009</u>

**Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:**

**Purpose(s) of Use - ☐ Existing ☐ Proposed:**

**Place of Use - ☐ Existing ☐ Proposed:**

ECY 040-1-97 (Rev. 07/08) *If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*